

CRAVEN COUNTY HEALTH DEPARTMENT

PLAN REVIEW APPLICATION FOR

FOOD SERVICE ESTABLISHMENTS

Please complete the following information and submit this application with a copy of the required plans, menu and \$125.00 to begin the review process.

PROPOSED NAME OF ESTABLISHMENT _____

ESTABLISHMENT ADDRESS _____

ESTABLISHMENT PHONE (if available) _____

OWNER NAME _____ OWNER PHONE _____

MAILING ADDRESS _____

CONTACT NAME _____ CONTACT PHONE _____

SERVICE INFORMATION (check all that apply)

Restaurant with seating _____

Take-out (no seating) _____

Limited Food Stand _____

Catering _____

Mobile Food Unit _____

Associated Foodservice Establishment
(required for Mobile Food Unit)

Number of Seats _____

Number of employees (per shift) _____

Days/Hours of Operation _____

Single-service Utensils (paper products) _____ Multi-use Utensils (dishes) _____

BUILDING INFORMATION

Proposed Construction Date _____ Proposed Opening Date _____

New Building _____

Existing Building _____

City Water _____

Private Well _____

Other _____

City Sewer _____

Septic System _____

Other _____

Is establishment a chain or franchise? Yes _____ No _____

If YES, plans and specifications must be submitted to Roger Fortman, Division of Environmental Health, 1630 Mail Service Center, Raleigh, NC 27699-1630.

If NO, please submit this application with the following items to the Division of Environmental Health, Craven County Health Department, 2818 Neuse Blvd., New Bern, NC 28561. Call (252) 636-4936 for more information.

1. Proposed Menu
2. Site plans and equipment layout drawn to scale (recommend 1/4" = 1')
3. Equipment specification (make, model, manufacturer specification sheets)
4. Plumbing layout
5. Lighting layout

6. Information pertaining to approved septic system and/or private well, if applicable

Food Supplies & Preparation

How often do you plan to receive deliveries of:

Frozen Foods _____

Refrigerated Foods _____

Dry Goods _____

Provide information on the amount of space (in cubic feet) allocated for:

Frozen Foods _____

Refrigerated Foods _____

Dry Goods _____

Will raw meats, poultry and seafood be stored in the same refrigerators with cooked/ready-to-eat foods?

YES () NO ()

If yes, how will cross-contamination be prevented?

Does each refrigerator have a thermometer? YES () NO ()

Will any seafood be washed or thawed on-site prior to use? YES () NO ()

Will any meats be washed or thawed on-site prior to use? YES () NO ()

Will any produce be washed or thawed on-site prior to use? YES () NO ()

Is there a planned location for washing produce and the washing and/or thawing of meats?

YES () NO ()

If yes, describe _____

If no, describe the procedure for cleaning and sanitizing multiple-use sinks between uses

Dishwashing Facilities & Procedures

Which of the following will be used to clean/sanitize:

Two-compartment sink ()

Three-compartment sink ()

Dishwasher ()

If dishwasher, describe sanitizing process _____

If two or three-compartment sink, describe procedure for manual cleaning & sanitizing

Are test kits available for checking sanitizer concentrations? YES () NO ()

Describe how equipment, cutting boards and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher will be sanitized:

Are there drainboards on both ends of the dish sink? YES () NO ()

What length are the drainboards? _____

Where will air drying of all pots, pans and utensils take place? _____

Finish Schedule

Please indicate which materials (quarry tile, stainless steel, FRP, etc.) will be used in the following areas:

	Floors	Walls	Ceilings
Kitchen			
Bar			
Dishwashing			
Food Storage			
Other Storage			
Restrooms			

Water Supply

Is water supply public or private? _____

Private water supplies must be listed with the Public Water Supply Section of DEH Wilmington Regional Office 910-395-3900 and comply with Section .1700 of the NCAC

If private, has source been approved? YES () NO () PENDING ()

Is ice made on premises or purchased commercially? _____

If made on premises, have specifications for ice machine been provided? YES () NO ()

Describe provisions for ice scoop storage:

Are backflow prevention devices provided on all hose bibs? YES () NO ()

Describe hot water heater capacity:

Gallons _____

Watts _____ BTUs _____

Sewage & Garbage Disposal

Is building connected to a municipal sewer? YES () NO ()

If no, is private disposal system approved? YES () NO ()

Please attach copy of written approval and/or permit.

Are grease traps provided? YES () NO ()

If yes, where _____

Provide schedule for cleaning/maintenance _____

Is there an area designated for washing garbage cans and mop/broom storage? YES () NO ()

Will a dumpster be used? YES () NO ()
If yes, will dumpster be cleaned on-site or off-site? _____
If off-site, please attach copy of dumpster cleaning contract.

General

Describe the handwashing policy for employees:

What type of hair restraints will be used? _____

Describe the location/policy for storage of employee personal items (including drinks):

Describe the location for storage of insecticides/rodenticides and other toxic chemicals:

Approval of these plans and specifications by Craven County Health Department does not indicate compliance with any other code, law or regulation that may be required-federal, state, or local. It also does not constitute endorsement or acceptance of the completed establishment (structure or equipment). The Craven County Health Department must approve any changes made to plans.

A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine compliance with state and local laws governing foodservice establishments. Foodservice permits issued by this department are required prior to operation.

Signature (s) _____
(Required)

Date: _____